

# AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE:

☐ IXC

☒ CLEC

☐ ILEC

☐ Wireless

229031

## CERTIFICATED COMPANY INFORMATION

2011-29-A

Company Name: COMTECH LLC

SCA 1A ICE

Telephone #: 203-679-7000

Dbafka: one Barnes Park S.

Mailing Address: Wallingford CT 06492

City, State, Zip Code: Wallingford CT 06492

Business Location: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

RECEIVED  
MAIL/DMS  
PSC SC  
10/15/2011

## REGISTERED AGENT INFORMATION

Registered Agent: THOMAS BEUTERS

Mailing Address: 2 Office Park Court - Suite 103

City, State, Zip Code: Columbia SC 29223

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Richard Minerumo SR.  
General Manager (Include address if different than above.)  
Telephone Number: 203-679-7400 Facsimile Number: 203-679-7387 E-mail Address: rmbrady@comtechai.com
- B. Matt Sosnowski  
Customer Relations /Complaints Representative (Include address if different than above.)  
Telephone Number: 203-679-7252 Facsimile Number: 203-679-7387 E-mail Address: msosnowski@comtechai.com
- C1. Laura Matosian  
Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)  
Telephone Number: 203-679-7257 Facsimile Number: 203-679-7387 E-mail Address: lmatosian@comtechai.com
- C2. 877-312-5564  
Customer Contact (Toll Free Number)
- D. Matt Sosnowski  
Engineering Operations (Include address if different than above.)  
Telephone Number: 203-679-7232 Facsimile Number: 203-679-7387 E-mail Address: \_\_\_\_\_
- E. Matt Sosnowski - msosnowski@comtechai.com  
Test and Repair (Include address if different than above.)  
Telephone Number: 203-679-7357 Facsimile Number: 1 E-mail Address: \_\_\_\_\_

F. 877-312-5564  
**Emergencies** (During non-office hours)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. Michael Brady  
**Regulatory Officer** (Include address if different than above.)  
2036797000 12036797387 mbrady@comtechai.com  
Telephone Number Facsimile Number E-mail Address

H. \_\_\_\_\_  
**Dual Party Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

I. \_\_\_\_\_  
**Interim LEC Fund Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

J. Michael Brady  
**Universal Service Fund Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / Regulatory@comtechai.com  
E-mail Address

K. \_\_\_\_\_  
**Gross Receipts Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

L. \_\_\_\_\_  
**Lifeline Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

Michael Brady  
This form was completed by (print name)

EUP

Title

M. Brady  
Signature

3-30-11

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
Clerk's Office  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
Attn: Jeanne Gordon  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

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